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CONFIRMATION NO. 7990

SERIAL NUMBER 10/723,991	FILING OR 371(c) DATE 11/26/2003 RULE	CLASS 705	GROUP ART UNIT 3626	ATTORNEY DOCKET NO. 1039-0011-CIP
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/440,557 11/15/1999
 and claims benefit of 60/430,453 12/03/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 08/25/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 55	TOTAL CLAIMS 58	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

ADDRESS

60533

TITLE

Electronic healthcare information and delivery management system with an integrated medical search architecture and capability

FILING FEE RECEIVED 792	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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